



Effective on 12/08/04 Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-171)		Complete if Known					
FEE TRANSMITTAL For FY 2005		Application Number	09/903,973				
		Filing Date	July 12, 2001				
		First Named Inventor	Joseph A. Schrader				
		Examiner Name	Timothy Murphy				
		Art Unit	2611				
		Attorney Docket No.	164052.02				
		Express Mail Label No.	N/A				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUNT OF PAYMENT	(\$)	0.00					
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0463 Deposit Account Name: MICROSOFT CORPORATION							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES	EXAMINATION FEES			
		Small Entity			Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	0
2. EXCESS CLAIM FEES							
Fee Description				Fee (\$)	Small Entity Fee (\$)		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				50	25		
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200	100		
Multiple dependent claims				360	180		
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
39 - 39 or HP = 0		x 50	= 0				
HP = highest number of total claims paid for, if greater than 20						Fee (\$)	Fee Paid (\$)
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
10 - 10 or HP = 0		x 200	= 0				
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
-100 = 0	/ 50 = 0	(round up to a whole) number x	250	=	0		
4. OTHER FEE(S)				Fees Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)				0			
Other:				0			

SUBMITTED BY		
Signature		Registration No. (Attorney/Agent) 48.958
Name (Print/Type)	Carole A. Boelitz	Telephone (425)722-6035
		Date 9/22/05



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/903,973
	Filing Date	July 12, 2001
	First Named Inventor	Joseph A. Schrader
	Group Art Unit	2611
	Examiner Name	Timothy Murphy
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	164052.02

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (total fee \$0.00; in duplicate) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment / Reply (13 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) (sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages)	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet
CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (571) _____ September 22, 2005 Date Signature <i>Sherry Smith</i> Sherry Smith Printed Name	<input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Copy of this Transmittal form <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		

SIGNATURE OF ATTORNEY OR AGENT			
Signature <i>Carole A. Boelitz</i>	Reg. No.	48,958	
Name of Attorney or Agent	Carole A. Boelitz		
Date <i>9/22/05</i>	Tel.	(425) 722-6035	Facsimile No. (425) 708-5046
Assignee Name:	MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052		
Customer Number:	22971		

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First Named Inventor: Joseph A. Schaeffer
Application No.: 09/903,973
Filed: 7/12/2001
Customer No.: 22971
Title: ENHANCED TELEVISION SERVICE

Attorney Docket No.: 164052.02
Group Art Unit: 2611
Examiner: Timothy Murphy
Confirmation Number: 9505

Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

Please change the attorney docket number to 164052.02

In response to the Office Action mailed November 21, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this amendment.

Remarks begin on page 12 of this amendment.

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TECHNOLOGY CENTER 2800

Type of Response: Amendment
Application Number: 09/903,973
Attorney Docket Number: 164052.02
Filing Date: 7/12/2001